FOLLOWING

Attorney Docket No. 3449-0302P

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE:
P.O. Box 747 • Falls Church, Virginia 22040-0747
YOU MUST
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: APPARATUS FOR PROCESSING DISPLAYED DATA AND METHOD THEREOF

Fill in Appropriate	the specification of a	which is attached !	hereto. If not attached her	eto, the applica	tion is identified by the	attomey docket	number as s	
Information -	forth above and/or The specification		ahenaes 03 2004					
For Use Without	The specification was filed on February 03, 2004 United States Application Number 10/769, 815						a5	
Specification	and amended o)u	X0) 1007 020			(if applicable	a) and /or	
Attached:	the specificatio	n was filed on		(if applicable) and/or as PCT				
	international A	ppucation Numb		and was				
	amended on				(if applicable)			
- Insert Priority Information: (if appropriate)	amended by any am I acknowledge Regulations, \$1.56. I do not know a thereof, or patented year prior to this applica date of this applica date of this applica representative or as patent or inventor's application by me of I hereby claim. or inventor's certifica	the duty to disc and do not believe or described in a plication, that the tion, that the invo- tion in any cours signs more than to certificate on this my legal represe foreign priority by the listed below ar hat of the applical	to above. lose information which is the same was ever know the printed publication is estaine was not in public thion has not been paten they foreign to the Units welve months (six month invention has been filed intatives or assigns, excep enefits under Title 35, Un that have also identified bel tion on which priority is o	, United States Code, \$119(a)-(d) of any foreign application(s) for pate				
	,	,,		(,,			
	(Number)	(Country)		(Month/Da	y/Year Filed)	□ Yes	No	
at .								
	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	Ν̈́ο	
						_		
••	(Number)	(Country)	• • •	(Month/Day	y/Year Filed)	□ Yes	□ No	
	` '	• •		•	•		· <u>-</u>	
	I hereby claim the be	nefit under Title S	35, United States Code, §1	19(e) of any Un	ited States provisional	applications(s) li	isted below.	
and The state of								
nsert Provisional Application(s):	(Application Number)			(Filing Date)				
if µny)			•					
•	(Application Numbe	r)		(Filing D	Pate)		-	
			y Patent or Inventor's Ce	rlificate Filed M	fore than 12 Months (6	Months for Des	igns) Prior t	
	the Filing Date of Th	is Application;						
	Country		Application Number		Date of Filing (Month	ı/Dav/Year)		
nsert Requested			. , , ,			,,, ,		
nformation:								
f appropriate)			· ·					
	continuation-in-part disclosed in the prior Code, §112, I ackno	application(s) list United States and wledge the duty t §1.56 which bec	35. United States Code, § ed below and, insofar as d/or PCT application in the disclose information water available between state.	the subject ma re manner prov hich is material	itter of each of the cla rided by the first parag I to the patentability a	ims of this appli raph of Title 35, I s defined in Title	ication is no United State 37, Code o	
nsert Prior U.S.	(Annligation News Lo		(Filing Data)		(Chabre makeshad	nding shanders	-A\	
Application(s): if any)	(Application Number	r)	(Filing Date)		(Status - patented, pe	numig, abandone	. u)	
age 1 of 2	(Application Number	<u>r)</u>	(Filing Date)		(Status - patented, pe	, pending, abandoned)		

Attorney Docket No. 3449-0302P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

ruli Na

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Pull Name of First or Sole Inventor: Ingra Name of	GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE*									
Insert Name of Insert Name of Insert Oate This Occument & Signard	· ·	INVENTOR'S SIGNATURE		DATE						
	Byung Hyun AN Residence (City, State & Country)	1 4000	CITIZENS	June 28, 2004						
Insert Residence Insert Citizenship →	Goyang-si, Kyunggi-do, Korea		Korea							
Insert Post Office	MAILING ADDRESS (Complete Street Address	including City, State & Country)								
Address>	101-1002 Joongsan maeol, Ilsan-dong 1555, Ilsan-gu, Goyang-si, Kyunggi-do, Korea									
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	meer do, r	DATE*						
Inventor, if uny: see above		HTT MINIONS SIGNALISING		DATE						
·	Residence (City, State & Country)	CITIZENSHIP								
	MAILING ADDRESS (Complete Street Address	including City State & Country	<u></u>							
	matting resident (complete successions)	midding City, state of Cominy,								
Full Name of Third Inventor, if any: secubove	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)	CITIZENSHIP								
1	MAILING ADDRESS (Complete Street Address including City, State & Country)									
Full Name of Equith hometar, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)		CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
Pull Name of Fifth Inventor, if any: weathout	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)		CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
a u -l efficie										
Full Name of Sixth Inscentor, if any: see showe	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)	CITIZENSHIP								
;·	MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)								